

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Reset Form

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD
pm 10-29
2008 OCT 31 AM 10:16

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

IMPORTANT: Indicate by # type of committee you are reporting for:

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Helen Miller

Political Party (if applicable)

Democratic

Office Sought
Representative

District (if Senate or House)
49th

FORM

DR-2

(Rev. 07/2007)

DISCLOSURE
REPORT

For Office Use Only

Comm. # 1445

Logged in S 2

Scanned

Computer

Audited 6 pages

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Sandy Struecker
SIGNATURE OF PERSON FILING REPORT

515-955-8301
TELEPHONE

10-29-08
DATE SIGNED

I AM FILING A October 31, 2008 REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

County & Local Committees, enter County in
which Election is held

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the
committee. This amount **MUST** be the same as the cash on hand at the end
of the last reporting period or must be zero if this is first report filed.)

\$ 12,714.63

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)

4,100.00

Schedule F: Loans Received total (Attach Schedule F)

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 16,814.63

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

3,487.09

Schedule F: Loan Repayments total (Attach Schedule F)

13,327.54

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$

***IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$

20.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

500.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/28/08	ID# 6082 CK# 1379	MidAmerican Energy Co - Effective Gov Comm 666 Grand Ave Des Moines, IA 50303		\$200	<input type="checkbox"/>
	ID# CK# 17664	Shari Fitzgerald 726 N 3rd St Fort Dodge, IA 50501		100	<input type="checkbox"/>
	ID# CK# 6842	Lois Dencklau 2021 N 14th Ct - No 4 Fort Dodge, IA 50501		50	<input type="checkbox"/>
	ID# CK# 18789	Tom & Marla Maas 1455 Clark Ave West Liberty, IA 52776		50	<input type="checkbox"/>
	ID# CK# 1236	Michael & Susan Deahr 1148 Davis Ave West Liberty, IA 52776		50	<input type="checkbox"/>
	ID# 6001 CK# 4570000202	Nationwide Mutual Insurance Co PAC 1100 Locust Rd Des Moines, IA 50391		250	<input type="checkbox"/>
	ID# 8028 CK# 2400	Monsanto Citizenship Fund 800 N Lindbergh Blvd St Louis, MO 63167		500	<input type="checkbox"/>
	ID# CK# 5383	John & Char Brenneman 1551 Larch Ave Washington, IA 52353		50	<input type="checkbox"/>
	ID# 6148 CK# 630	Iron Workers Local #67 PAC 1501 E Aurora Ave Des Moines, IA 50313		250	<input type="checkbox"/>
	ID# 1445 CK# 1501	Great Plains Laborers Iowa PAC 5806 Meredith Dr - Suite B Des Moines IA 50322		500	<input type="checkbox"/>
SUB-TOTAL				\$ 2000	
TOTAL (if last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

Reset Form

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

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CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/28/08	ID# 6162 CK# 1448	Iowa Agribusiness Employees PAC 900 Des Moines St Des Moines, IA 50309		\$200	<input type="checkbox"/>
	ID# CK# 6623	KochPAC 655 15th St NW - Suite 445 Washington, DC 20005		1,000	<input type="checkbox"/>
	ID# 8398 CK# 8595	Wyeth Good Government Fund Five Giralda Farms Madison, NJ 07940		400	<input type="checkbox"/>
	ID# 6027 CK# 2742	Deere PAC Iowa 666 Grand Ave - Suite 1707 Des Moines, IA 50309		250	<input type="checkbox"/>
	ID# 1445 CK# 2283	Iowa Friends of Rural Electrification 8525 Douglas Ave - Suite 48 Des Moines, IA 50322		250	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 2,100	
TOTAL (if last page of this schedule)				\$ 4,100	

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(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

SCHEDULE

B

(Rev. 07/03)

MONETARY
EXPENDITURES



CHECK THIS BOX IF
AMENDING FORM

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/08	ID# CK#3146	The Messenger 713 Central Ave Fort Dodge, IA 50501	advertising	\$ 186.80
10/23/08	ID# CK#3147	Cenoral P O Box 1261 Fort Dodge, IA 50501	printing of t-shirts	120.00
10/24/08	ID# CK# 3148	Jifi Print 2200 Central Ave Fort Dodge, IA 50501	printing and postage for 5 bulk mailings	3,180.29
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 3,487.09
TOTAL (if last page of this schedule)				\$ 3,487.09

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

Reset Form

SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
10/17/08	Jim Obradovich 2415 35th St Des Moines, IA 50310		food	\$ 20.00	<input checked="" type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$ 20.00	
TOTAL (if last page of this schedule)				\$ 20.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1
(for Schedule E)

RESET

SCHEDULE

H

(Rev. 02/08)

CAMPAIGN
PROPERTY**THIS FORM IS USED BY CANDIDATES' COMMITTEES ONLY**

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to Re-elect Helen Miller

ATTACH SCHEDULE H TO
EACH REPORT, MAKING
CHANGES AS REQUIRED.☐ CHECK THIS BOX IF
AMENDING FORM**PART I - ONGOING INVENTORY OF CAMPAIGN PROPERTY**

Date Purchased (Schedule B) or Date Received (Schedule E) (MM/DD/YR)	Description of Property	Purchase Price or Est. Value When Acquired*	Current Value at Fair Market This Report
4/7/05	computer	\$1,740.90	\$500

TOTAL VALUE CAMPAIGN PROPERTY THIS REPORT (TRANSFER TO SUMMARY PAGE) \$ 500* If estimated, show **est.** beside figure.**PART II - SALES OR TRANSFERS OF CAMPAIGN PROPERTY ****

Date (MM/DD/YR)	Name and Address of Purchaser/Donee	Description of Property	Sold? Y/N	Sale Price	Value of Donation

TOTALS \$ _____ \$ _____

** PROPERTY SALES & TRANSFERS TOTAL (TRANSFER TO SUMMARY PAGE) \$ _____

(Attach Additional Schedules if Needed)